

## WATERFRONT WARRIORS 5K

(If under 17 years of age)

WHEN: Sunday, July 21, 2013 at 8:00 a.m. on West Broadway & New York Ave. Early Registration \$20.00 (must be postmarked by July 17, 2013) REGISTRATION: Late Registration \$25.00 day of race from 6:30 - 7:30 a.m. at Long Beach Catholic Regional School. **REGISTER ONLINE WWW.ACTIVE.COM** Free for all active military personnel (must show I.D. at time of registration) **COURSE:** Accurately measured 5K (3.1 miles), flat and fast course. Start & finish at West Broadway & New York Ave. Race timing by FINISH LINE ROAD RACE TECHNICIANS. Awards to the 1<sup>st</sup> three Male & Female winners in each age category: **AWARDS**: 14 & Under, 15 - 19, 20 - 24, 25 - 29, 30 - 34, 35 - 39, 40 - 44, 45 - 49, 50 - 54,55 – 59, 60 – 64, 65 – 69, 70 – 74, 75 – 79 plus. 1<sup>st</sup> Overall Male & Female finishers; 1<sup>st</sup> Long Beach Male & Female finishers. 1<sup>st</sup> Physically Challenged Male and Female finishers. Top 3 Male & Female active military; Top 3 Male & Female veterans; Top 3 Male & Female disabled veterans. Waterfront Warriors 5K **SEND ENTRIES TO:** PO Box 210 Long Beach, NY 11561 **CHECKS** Long Beach Waterfront Warriors PAYABLE TO: For information visit: www.lbwaterfrontwarriors.org, www.longbeachny.gov, www.flrrt.com, www.active.com The Long Beach Waterfront Warriors honor and aid wounded, ill and injured veterans and their families. The Long Beach Waterfront Warriors is a project in cooperation with The City of Long Beach, N.Y. \*\*No baby strollers allowed on race course\*\* 2013 Waterfront Warriors 5K (Registration - please print clearly) In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Waterfront Warriors and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor. M\_\_\_ F\_\_\_ AGE on 7/21 \_\_\_ D.O.B. \_ NAME PHY. CHALL. \_\_ ACTIVE MILITARY \_\_\_ VETERAN \_\_\_ DISABLED VETERAN \_\_\_ ADDRESS\_\_\_\_\_ \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_ TEL. # E-MAIL SHIRT SIZE (circle one) YOUTH, S, M , L, ΧI SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_

For Staff Use Only: Date \_\_\_\_\_/13 Staff \_\_\_\_ Posted \_